

Unitarian Universalist Church of Cheyenne

Check Request Form

|  |     |       |       |
|--|-----|-------|-------|
| Your Name:   |     | Date: |       |
| Your Signature   |     |       |       |
| Make check payable to:   |     |       |       |
| Amount:  |     |       |       |
| Return check to you?   | YES | NO    | When: |
| <b>OR</b>  |     |       |       |
| Send check to:   |     |       |       |
| Name:  |     | When: |       |
| Address:   |     |       |       |
| City State ZIP:  |     |       |       |
| Purpose of check:  |     |       |       |
| Budget line to charge:   |     |       |       |
| <b>Attach any receipts or other documentation that may be helpful.</b> |     |       |       |

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